

FILED MAY 13 1955

STANDARD CERTIFICATE OF DEATH

State File No. 13957

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. 1003 Registrar's No. 3727

1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis				c. LENGTH OF STAY (in this place)		c. CITY OR TOWN St. Louis	
d. FULL NAME OF HOSPITAL OR INSTITUTION 1430 Peabody Court				STREET ADDRESS (If rural, give location) 1430 Peabody Court 2229			
3. NAME OF DECEASED (Type or Print) a. (First) Michael b. (Middle) c. (Last) Thomas				4. DATE OF DEATH (Month) (Day) (Year) April 27, 1955			
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Aug. 8, 1879	
9. AGE (In years last birthday) 75		10. UNDER 1 YEAR Months Days		11. UNDER 24 HRS. Hours Min.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) (retired) Odd Jobs				10b. KIND OF BUSINESS OR INDUSTRY self-employed			
11a. BIRTHPLACE (City and State or Foreign Country) St. Louis, Missouri				12. CITIZEN OF WHAT COUNTRY? U.S.A.			
13a. FATHER'S NAME Peter Thomas				13b. MOTHER'S MAIDEN NAME Mary Dupling			
14. NAME OF HUSBAND OR WIFE Margaret Schlittler Thomas				15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No			
16. SOCIAL SECURITY NO. Unknown				17. INFORMANT'S SIGNATURE OR NAME Margaret Thomas - 1430 Peabody Ct.			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Bleeding Gastric Ulcer ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Generalized Arteriosclerosis DUE TO (c) Schistosomiasis II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION				19b. MAJOR FINDINGS OF OPERATION			
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>				21a. ACCIDENT SUICIDE HOMICIDE (Specify)			
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)				21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.				21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			
21f. HOW DID INJURY OCCUR? 5400				22. I hereby certify that I attended the deceased from 19____, to 19____, that I last saw the deceased alive on 19____, and that death occurred at 8:45 A.M., from the causes and on the date stated above.			
23a. SIGNATURE Patrick J. Taylor Carver (Degree or title)				23b. ADDRESS 1300 Clark			
23c. DATE SIGNED 4-27-55				24a. BURIAL, CREMATION, REMOVAL (Specify) Burial			
24b. DATE Apr. 30, 1955				24c. NAME OF CEMETERY OR CREMATORY S.S. Peter & Paul Ceme. St. Louis, Missouri			
24d. LOCATION (City, town, or county) (State)				25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS J. Carl Smith and Wacker-Heldrich 3634 Gravois Ave.			
DATE REC'D BY LOCAL REG. APR 27 1955				25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS J. Carl Smith and Wacker-Heldrich 3634 Gravois Ave.			

B.P. (Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by, Student Embalmer No. working under my personal supervision..

Student
Signature of Student Embalmer

Signed Robert C Wheeler

Licensed Embalmer No. 212

P. O. Address St Louis

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.